

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

**A. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution to Federal CandidateCandidate Name
Rep. Mike ThompsonCategory/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D63158

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Amount of Each Disbursement this Period

1500.00

**B. Full Name (Last, First, Middle Initial)
NANCY PELOSI FOR CONGRESS**

Mailing Address 235 Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Contribution to Federal CandidateCandidate Name
Rep. Nancy PelosiCategory/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 08

Transaction ID: D71848

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

**C. Full Name (Last, First, Middle Initial)
GINGREY FOR CONGRESS**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Contribution to Federal CandidateCandidate Name
Rep. Phil GingreyCategory/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D71554

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)